

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581666

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10			1				60						
11			1				61						
12			1				62						
13			1				63						
14			1				64						
15			1				65						
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18			1				68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	↓	↓	↓							
TOTAL DEP.			←	7	←	←							
TOTAL CLAIMS			9										